

<i>SERFF Tracking Number:</i>	<i>AOIC-125665053</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Auto-Owners Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>PPA-AR-99-06/06/2008-89125</i>		
<i>TOI:</i>	<i>19.0 Personal Auto</i>	<i>Sub-TOI:</i>	<i>19.0001 Private Passenger Auto (PPA)</i>
<i>Product Name:</i>	<i>Personal Automobile</i>		
<i>Project Name/Number:</i>	<i>PPA/89125</i>		

Filing at a Glance

Companies: Auto-Owners Insurance Company, Owners Insurance Company

Product Name: Personal Automobile	SERFF Tr Num: AOIC-125665053	State: Arkansas
TOI: 19.0 Personal Auto	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 19.0001 Private Passenger Auto (PPA)	Co Tr Num: PPA-AR-99-06/06/2008-89125	State Status: Fees verified and received
Filing Type: Form	Co Status: Pending	Reviewer(s): Alexa Grissom, Betty Montesi
	Authors: Claudia Stewart, Sue Thomas	Disposition Date: 06/10/2008
	Date Submitted: 06/06/2008	Disposition Status: Approved
Effective Date Requested (New): On Approval		Effective Date (New): 07/06/2008
Effective Date Requested (Renewal): On Approval		Effective Date (Renewal):
State Filing Description:		

General Information

Project Name: PPA	Status of Filing in Domicile:
Project Number: 89125	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 06/10/2008	
State Status Changed: 06/10/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
FORM 89125 (05-08) - Pet Medical Coverage	
Form Attaches To:	

Automobile Coverage Form

Use: Cover the costs of medications, procedures, prescribed by a veterinarian, and the

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cost to replace an animal if it is killed in an accident.

Revisions to the form

Initial Filing

Submitted for your approval is the above-referenced form. Forms are submitted in final

If you have any questions, please feel free to contact one of the following:

Manager:

AMY KLEIN, AIS, API, MANAGER

PERSONAL AUTOMOBILE UNDERWRITING -

KLEIN.AMY@AOINS.COM (emails without attachments)

perslinesund@aoins.net (emails with attachments)

517-703-8981 Ext. 8981

Underwriter:

CANDACE BURCH

BURCH.CANDACE@AOINS.COM

(517) 323-8786

Company and Contact

Filing Contact Information

Amy Klein, Manager

PO Box 30660

Lansing, MI 48909-8160

klein.amy@aoins.com

(800) 346-0346 [Phone]

(517) 391-1903[FAX]

Filing Company Information

Auto-Owners Insurance Company

P.O. Box 30660

Lansing, MI 48909-8160

CoCode: 18988

Group Code: 280

Group Name: Auto-Owners Ins

Group

State of Domicile: Michigan

Company Type: PC

State ID Number:

SERFF Tracking Number: *AOIC-125665053* *State:* *Arkansas*
First Filing Company: *Auto-Owners Insurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *PPA-AR-99-06/06/2008-89125*
TOI: *19.0 Personal Auto* *Sub-TOI:* *19.0001 Private Passenger Auto (PPA)*
Product Name: *Personal Automobile*
Project Name/Number: *PPA/89125*

(800) 346-0346 ext. [Phone]

FEIN Number: 38-0315280

Owners Insurance Company
P.O. Box 30660
Lansing, MI 48909-8160

CoCode: 32700
Group Code: 280
Group Name: Auto-Owners Ins
Group

State of Domicile: Ohio
Company Type: PC
State ID Number:

(800) 346-0346 ext. [Phone]

FEIN Number: 34-1172650

<i>SERFF Tracking Number:</i>	<i>AOIC-125665053</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>PPA/89125</i>		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$50.00	06/06/2008	20711073
Owners Insurance Company	\$0.00	06/06/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Alexa Grissom	06/10/2008	06/10/2008

<i>SERFF Tracking Number:</i>	<i>AOIC-125665053</i>	<i>State:</i>	<i>Arkansas</i>
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Disposition

Disposition Date: 06/10/2008
Effective Date (New): 07/06/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Pet Medical Coverage	Approved	Yes

SERFF Tracking Number:	AOIC-125665053	State:	Arkansas
First Filing Company:	Auto-Owners Insurance Company, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	PPA-AR-99-06/06/2008-89125		
TOI:	19.0 Personal Auto	Sub-TOI:	19.0001 Private Passenger Auto (PPA)
Product Name:	Personal Automobile		
Project Name/Number:	PPA/89125		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Pet Medical Coverage	89125	05-08	Policy/CoveNew rage Form		52.00	89125 (05-08).pdf

PET MEDICAL COVERAGE

Automobile Policy

It is agreed:

1. The following definitions are added to **SECTION I - DEFINITIONS** as they apply to this endorsement only:

Pet means a cat or dog owned by **you** or a **relative**.

Pet's replacement cost means the monetary cost incurred to replace a **pet**, that is deceased, with another cat or dog of similar kind and quality. This does not include any cost for:

- a. veterinary care or services for the new **pet**;
- b. training of the new **pet**; or
- c. any other expenses incurred

after the initial purchase of the new **pet**.

2. The following is added to **SECTION III - DAMAGE TO YOUR AUTOMOBILE, 3. COVERAGE EXTENSIONS**:

Pet Medical Payments Coverage

If **COLLISION** applies to at least one of your **automobiles** and a **pet** is occupying:

- (1) your **automobile** while being used with your permission or the permission of a **relative**;
- (2) an **automobile** you or a **relative** does not own which is temporarily used as a substitute for your **automobile**. Your **automobile** must be out of use because of breakdown, repair, servicing, loss or destruction;
- (3) an **automobile** of the same type which you acquire after the inception date of the current policy term if:

(a) it replaces your **automobile**; or

(b) it is an additional **automobile**, provided:

- 1) we insure all **automobiles** you already own;
- 2) you report the additional **automobile** to us within 30 days of delivery; and
- 3) you pay any required additional premiums;

(4) an **automobile** not owned by or furnished or available for regular use to:

(a) you; or

(b) anyone living with you who does not own an **automobile**; or

(5) an **automobile** not used in an **automobile** garage, repair shop, sales agency, service station or public parking business you own or operate

then if a **pet** is injured, dies or requires necessary or veterinary recommended euthanasia as the result of the collision of such **automobile**, we will pay:

(1) those reasonable and necessary medical expenses incurred for the:

(a) care;

(b) recovery; and

(c) necessary or veterinary recommended euthanasia

of such **pet**.

- (2) the **pet's replacement cost** if a **pet** dies or requires necessary or veterinary recommended euthanasia.
- (3) a **pet's** injury must be discovered, treated and reported to **us** within 30 days of the **occurrence**. **We** will pay only those medical expenses or the new **pet's replacement cost** incurred within one year of the **occurrence**.

We also extend this coverage to:

- (1) if **you** are a partnership or joint venture, **your** members, **your** partners and their spouses;
- (2) if **you** are a limited liability company, **your** members;
- (3) if **you** are an organization other than a partnership, joint venture or limited liability company, **your** executive officers; or
- (4) if **you** are a trust, **your** trustees.

Pet Medical Payments does not apply to injury or death of a **pet**:

- (1) resulting from or arising out of an intentional act of **you** or a **relative**.
- (2) while occupying any **automobile**:
 - (a) preparing for;
 - (b) practicing for; or
 - (c) participating inany prearranged racing, speed or demolition contest.
- (3) resulting from or arising out of war, whether declared or not declared, insurrection or any of their consequences.
- (4) while occupying an **automobile** located for use as a residence or premises.

For any one **pet**, in any one **occurrence**, **we** will not pay more than \$750 or the amount shown in the Declarations, whichever is higher, for medical expenses and the **pet's replacement cost** combined.

For two or more **pets**, in any one **occurrence**, **we** will not pay more than \$1500 or the amount shown in the Declarations, whichever is higher, for all of the **pet's** medical expenses and the **pet's replacement cost** combined.

No deductible applies.

The amount **we** pay shall not be increased because of the number of:

- (1) **automobiles** shown or premiums charged in the Declarations;
- (2) claims made or **suits** brought; or
- (3) **automobiles** involved in the **occurrence**.

If **we** make a payment under this endorsement and the person to or for whom payment is made has a right to recover damages from another, **we** will be entitled to that right. That person shall do everything necessary to transfer that right to **us** and shall do nothing to prejudice it.

At **our** request **you** or a **relative** must authorize **us** to obtain veterinary and other records which pertain to the **pet's** injury. **You** must allow the **pet**, at **our** expense, to be examined by veterinarians **we** select as often as **we** may reasonably require.

All other policy terms and conditions apply.

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<i>Project Name/Number:</i>	<i>PPA/89125</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AOIC-125665053</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Auto-Owners Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	06/10/2008
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Comments:

Attachment:

89125 AL PPA NAIC TRANSMITTAL.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
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2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
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☐ Rate Increase ☐ Rate Decrease ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
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4a.	Rate Change by Company (As Proposed)
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
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		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		[] New [] Replacement [] Withdrawn	
02		[] New [] Replacement [] Withdrawn	
03		[] New [] Replacement [] Withdrawn	